

# Dr Leneque X Lindeque Inc.

Obstetrician and Gynaecologist

PR No: 0160000511226



*Leneque X Lindeque inc.*

New patient registration / Nuwe pasiënt-registrasie

<b>Patient details / Pasiënt besonderhede</b>		
Surname / Van:	First name / Voornaam:	
Title / Titel:	Date of Birth / Geboortedatum:	
Occupation / Beroep:	ID:	
Home language / Huistaal:	Marital status / Huwelikstatus:	
Cell / Sel:	Email / E-pos:	
Tel (H):	Tel (W):	
Employer / Werkgewer:	Partner's Name / Lewensmaat:	
Religion / Geloof:	Partner's Name / Lewensmaat:	
<b>Person responsible for account / Persoon verantwoordelik vir betaling</b>		
Surname / Van:	First name / Voornaam:	
Title / Titel:	Date of birth / Geboortedatum:	ID:
Home address / Woonadres:		
Postal address / Posadres:		
Tel (H):	Tel (W):	Cell / Sel:
Email / E-pos:		
<b>Medical Aid details / Mediese fonds besonderhede</b>		
Medical Aid / Mediese Fonds:	Plan / Plan:	
Number / Nommer:	Main Member / Hooflid:	
Main member ID / Hooflid ID:	Dependent code / Afhanklike se kode:	
<b>Next of kin / Naasbestaande</b>		
Surname / Van:	First name / Voornaam:	
Relationship / Verwantskap:		
Tel (H)	Tel (W):	Cell / Sel:
Address / Adres:		
<b>Referring practitioner / Verwysende dokter</b>		
Name / Naam:		
Location / Adres:		
Tel:	Email / E-pos:	

I, \_\_\_\_\_ (name), hereby testify all the above information to be correct to the best of my knowledge and I accept all terms and conditions as specified in the provided practice documentation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_